

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000363**

1. Entity Name

1086 CAPITAL PARTNERS I, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -4 PM 6:48

Principal Place of Business C/O EURO AMERICAN MANAGEMENT, INC. 4350 WEST CYPRESS STREET TAMPA FL 33607	Mailing Address C/O EURO AMERICAN MANAGEMENT, INC. 4350 WEST CYPRESS STREET TAMPA FL 33607-4164
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 98-0167036	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

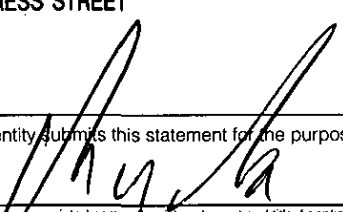
6. Name and Address of Current Registered Agent

KENNEDY, KRISTEN
4350 WEST CYPRESS STREET
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name: **Ameuro Management, Inc.**
Street Address (P.O. Box Number is Not Acceptable): **4350 W Cypress Street**
Suite 250
City: **Tampa** FL Zip Code: **33607**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record. \$3,025,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P99000018741 EURO XIV, INC. 4350 W. CYPRESS STREET, SUITE 250 TAMPA FL 33607	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #